2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000103391 Mar 22, 2000 8:00 am 1. Entity Name **Secretary of State** HOMESTATES, INC. 03-22-2000 90032 048 ***150.00 Principal Place of Business Mailing Address 126 E. Jefferson Street Orlando, FL 32801 C0042103 2. Principal Place of Business 3. Mailing Address 126 E. Jefferson St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Aka Orlando, FL59-3618751 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32801 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent J. Bennett Grocock, P.A. 126 E. Jefferson Street Street Address (P.O. Box Number is Not Acceptable) Orlando, FL 32801 City Zip Code Fl 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE D/P Delete Change Addition NAME NAME Harvey Heuvel STREET ADDRESS STREET ADDRESS 126 E. Jefferson St. CITY-ST-ZIP CITY-ST-ZIP 875ando, FL 32801 TITLE ☐ Delete TITLE Change Addition Henk Van Dijk NAME NAME 126 E. Jefferson St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, FL 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Steven F. Guicherit NAME NAME 126 E. Jefferson Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P orlando, FL 32801 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing cloes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all of er like empowered. 2/11/00 407-422-0300 Harvey Heuvel, Pres. SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date